

**Statement of the Illinois Health and Hospital Association
for the US House of Representatives
Subcommittee on Health of the Committee on Energy and Commerce**

“The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care”

March 2, 2021

On behalf of our more than 200 member hospitals and nearly 40 health systems, the Illinois Health and Hospital Association (IHA) appreciates the commitment of the Subcommittee on Health to ensuring all individuals have access to the care they need, and its recognition of the critical role virtual care plays in advancing this important goal.

Hospitals are grateful for the resources and flexibilities Congress and the federal government have provided to date in response to the COVID-19 pandemic, including allowing increased access to virtual care, ensuring fair reimbursement for providers, and making significant investment in the expansion of broadband. In the early days of the pandemic, Illinois hospitals and health systems rapidly increased access to virtual services by investing in new technology, adjusting clinical workflows and educating staff, patients, and clinicians. (Attached to this statement are specific examples of how Illinois patients are benefitting from increased access to telehealth.)

In addition to improving patient experience, expanding access and reducing unnecessary emergency department visits, among other benefits, virtual care offers an important tool for Illinois hospitals and health systems as we work to address health disparities experienced by people of color and those living in rural and underserved communities. However, absent action from Congress to make permanent many of the flexibilities and reimbursement policies used during the public health emergency, important progress and future opportunities to harness the benefits and potential of virtual care to improve health will be lost.

Accordingly, IHA urges the Subcommittee to advance policies that will provide a sustainable regulatory and reimbursement framework for telehealth, including by:

- **Lifting restrictions on the location of the patient** by removing geographic and originating site requirements in section 1834(m) of the Social Security Act;
- **Allowing temporary licensing reciprocity for health care professionals** to practice in all states during the remainder of the COVID-19 pandemic by passing the *TREAT Act* (H.R. 708);
- **Aligning payment for telehealth with in-person services** and ensuring payment reflects the differences in cost structure of the entity providing the service;
- **Expanding the types of facilities eligible to serve as distant sites** to permanently include federally qualified health centers (FQHCs) and Rural Health Clinics (RHCs);

- **Expanding the types of practitioners eligible to provide and bill for virtual services** to include, among others, occupational therapists, physical therapists, and speech-language pathologists;
- **Expanding the list of services eligible for coverage and payment;**
- **Expanding telehealth services for substance use disorder treatment** by making permanent key waivers, including the ability to prescribe Medication Assisted Therapies without requiring a prior in-person visit and allowing providers to bill Medicare for audio-only telehealth services;
- **Allowing hospital outpatient departments to bill an originating site fee** when patients are located in their homes;
- **Providing coverage and payment of audio-only communication** when clinically appropriate;
- **Expanding access to broadband connection** by increasing investment in the Federal Communications Commission’s Rural Health Care Program; and
- **Allowing certain home health and hospice services to be provided through telehealth**, including face-to-face visits to recertify hospice services and face-to-face encounters for home health.

Again, IHA applauds your ongoing commitment to fighting the COVID-19 pandemic, and we look forward to working with you to ensure patients have access to quality care. For questions, please contact Sarah Macchiarola, Vice President, Federal Government Relations, at smacchiarola@team-iha.org or 630-276-5645.

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Illinois Impact: How Telehealth Flexibilities Benefit Patients

University of Chicago Medicine (UCM), Chicago

At UCM, the Department of Psychiatry team was able to maintain care at full capacity during the COVID-19 pandemic. On the South Side of Chicago, where many of UCM's patients are older and/or have multiple chronic conditions, telehealth has enabled clinicians to monitor patients' health by remotely measuring blood sugar levels, heart rhythm and oxygen levels in the blood, and quickly make adjustments in treatment that improve outcomes. UCM provided very few services via telehealth prior to the pandemic, however between March and July, it provided nearly 30 thousand telephone visits and 60 thousand audio-video visits.

La Rabida Children's Hospital, Chicago

In response to the COVID-19 pandemic, La Rabida successfully transitioned over 70% of outpatient appointments to telehealth. Using real-time audio-visual technology, patients – many with medically complex conditions – have access to everything from primary and specialty care appointments, behavioral health services, and even wheelchair deliveries. The delivery of a new wheelchair is an appointment that typically takes place within the walls of the hospital. However, in April 2020, with the recent implementation of telemedicine capabilities, physical and occupational therapists located at the hospital were able to use video conferencing to collaborate with an on-site wheelchair technician at a patient's home to make adjustments to the device and work one-on-one with his family on how to position him in the chair, operate the device and perform proper maintenance.

Hospital Sisters Health System (HSHS), Springfield

During the first months of the pandemic, HSHS accelerated use of telehealth, including acquiring technology, making it easier for patients to utilize virtual care services, and expanding use of telehealth for both inpatient and outpatient services. Examples include:

- Creating a new wellness program to assist individuals isolated at home. The program provided telehealth appointments to help patients improve quality of life through light physical exercises and positioning and breathing exercises to help improve physical function, activity level and fatigue.
- Waiving fees for use of its Anytime Care virtual visits related to screening and evaluation of COVID-19. (HSHS Anytime Care provides 24-hour access to primary care for home

“Whether facilitating access to a tele-neurologist for someone experiencing a stroke, a neonatologist for a newborn consultation, or an intensivist for a patient with critical health issues, having this direct access to specialists helps expedite treatment decisions, reduces disability, avoids unnecessary transfers and ultimately saves lives.”

–Dr. Gurpreet Mander, HSHS Illinois

using everyday technology and without an appointment.) In May 2020, the program provided 1,080 virtual visits, compared with 385 in May 2019.

Northwestern Medicine (NM), Chicago

NM expanded access to telehealth services during the pandemic, allowing patients who previously had to spend long hours in traffic and pay for costly Chicago city parking to visit their clinician from the comfort of their home. This development has especially helped bed-bound patients who require Medivan in order to travel. Northwestern found the flexibilities on types of communication used by patients and practitioners has expanded access for patients who struggle with certain types of technology and/or lack access to necessary video technology due to financial constraints.

OSF Healthcare, Peoria

OSF HealthCare provided more than 50,000 COVID related telehealth encounters during the first 31 days of the pandemic. These encounters included basic triage, patient monitoring, and utilization of its behavioral health app.¹ These telehealth encounters played a key role in preserving capacity at area hospitals.

Advocate-Aurora, OSF, and Southern Illinois University (SIU) School of Medicine Partnership with State of Illinois

In response to COVID-19, Advocate-Aurora Healthcare, OSF HealthCare and SIU School of Medicine are partnering with the State of Illinois to support patients across the state experiencing symptoms of COVID-19, with a focus on underserved communities and those at high-risk during the pandemic. The state's Remote Patient Monitoring Program connects residents with Pandemic Health Workers (PHWs) virtually visit individuals experiencing symptoms or who tested positive for the virus, and provides wellness kits that include items critical to monitoring symptoms, recovering at home, and preventing virus spread such as thermometers, pulse oximeters, blood pressure cuffs, alcohol wipes and masks. As part of the program, PHWs follow-up with patients over a 14-day period and can even connect patients to services under the umbrella of social determinants of health by connecting individuals to services related to food, housing, and transportation. This program is directly improving access to care and reducing barriers to wellness.

Sinai Health System (SHS), Chicago

In response to COVID-19, SHS rapidly increased access to virtual services, providing patients with medical and behavioral health appointments, speech-language pathology, physical therapy and more. SHS is a safety-net healthcare system serving residents on Chicago's West and

¹ <https://www.healthleadersmedia.com/innovation/how-osfs-6-digital-approaches-handle-more-50000-covid-encounters>

Southwest sides, including many who live in communities hardest hit by COVID-19 and have high rates of co-morbidities. In order to scale access to telehealth, SHS built an internal telehealth platform, updated and invested in equipment, standardized workflows, and educated clinicians and staff on how to facilitate a telehealth clinic. Increased flexibilities and reimbursement for telehealth made it possible for SHS to maintain access to care and also continue critical health outreach and community programs, such as its elder abuse program through Sinai Community Institute.